	0		'n ll r	1.1	D	. 1 .	.	17 /	C		
	Connecticut De	•								ction	
		uality Monit	oring and	a Com					_		
PWS ID	PWS Name				Clas		on Po	-	Owr		rimary Sourc
CT052002		ATION ASSN - UPPE				NC		207		Р	GW
	ress (where applicable)		Service	Residen	tial	Comm	ercial	Industri	ial	Combined	Agricultura
	NG TRAILS DRIVE		Connections			5					
Towns Sei	rved: FARMINGTON				_						
			oring Requ	ireme	nts						
Water Sy	stem Facility: DISTRIBUTIO	N SYSTEM (WSF I	D: 00600)								
	liform (3100)			Manitari	D	oviod	Calle				per quarter
_	pling Point (Sampling Point ID)	alina Dainta		Monitori			Cone	ection Pe	rioa		ance Status
Selec	ct from Inventory of Active Samp	oling Points		10/1/18 -							mplete
				1/1/19 -						Co	mplete
			4/1/19 - 6/30/19 7/1/19 - 9/30/19								
Dhysical	Davamatava (DDC)			//1/19 -	9/30	0/19				tine (DT)	
_	Parameters (PPS) pling Point (Sampling Point ID)			Monitori	na D	oriod	Colle	ction Pe			per quarter ance Status
	ct from Inventory of Active Samp	oling Points		10/1/18 -			Cone	ction re	Tiou		mplete
Jeiet	ct from inventory of Active Samp	Jillig Follits		1/1/19 -		-					mplete
				4/1/19 -		-					присс
				7/1/19 -		-					
Water Sv	stem Facility: ENTRY POINT	(WSF ID: 00700)		771713	3,30	5/ 13					
	And Nitrite (NOX)	(113, 12, 00, 00)							1	routine (R	T) per year
	pling Point (Sampling Point ID)			Monitori	na P	eriod	Colle	ction Pe		-	ance Status
	RY POINT (3)			1/1/18 -							mplete
				1/1/19 -							•
				1/1/20 -							
	Wate	r System Facili					vent	ory			
Water		-	-				Tota	Lead	and		
System	Water System Facility	Sampling Point		nt			Colifor	т Сор	per		Stage
Facility ID)	ID	Description			Status	Rule	Rule	Tier	Asbestos	WQP 2 DBP
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	N SYSTEM		Α	Υ				
		DOWNSTREAM	WITHIN 5 SER	VICE CON	١	Α					
		UPSTREAM	WITHIN 5 SER	VICE CON	١	Α					
00700	ENTRY POINT	3	ENTRY POINT			Α					
20899	WELL	2	WELL			Α					
		Con	tact Inform	nation							
Name		0	rganization							Job Title	
Ms. Heidi	Martin	W	inding Trails Ir	c.			E	xecutive	Dire	ctor	
Mailing A	ddress Line One	Mailing Addres	s Line Two					City		State	Zip Code

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Mobile Phone

Farmington

HEIDI@WINDINGTRAILS.COM

Emergency Phone Email Address

860-675-4313

06032

50 Winding Trails Drive

Contact Role(s): Owner

Extension

Fax

860-676-9407

Business Phone

860-677-8458

C	onnectic	ut Depa	rtmen	t of	Public	Healtl	n Dri	inking	water	Sec	tion	
	Wat	ter Qua	lity Mo	nit	oring a	ind Coi	npli	ance S	chedul	le		
PWS ID PY	WS Name						Class	ification	Population	Owne	er Type	Primary Source
CT0520024 W	/INDING TRAIL	S RECREATIO	N ASSN - L	JPPEF	₹			NC	207		Р	GW
Local Address (who	ere applicable)				Service	Reside	ntial (Commercia	l Industri	al C	ombine	d Agricultura
50 WINDING TRAIL	S DRIVE				Connectio	ons		5				
Towns Served: FAF	RMINGTON											
Name				Or	ganization						Job Title	
Mr. Bryan Martin				W	inding Trail	s Inc.			Parks Sup	erinte	ndent	
Mailing Address Li						ress Line Two				City		
50 Winding Trails [Orive							Farming	gton		СТ	06032
Business Phone	Extension	Fax	1	Mobil	le Phone	Emergend	y Phor	e Email A	ddress			
860-676-0403		860-676-9	9407			860-674	1-9261	BRYAN(@WINDING	TRAIL	S.COM	
Contact Role(s):	Administrative	Contact										
Name				Or	ganization						Job Title	
Mr. Scott Brown				W	inding Trail	s, Inc			Executive	Direct	tor	
Mailing Address Li	ne One		Mailing Ad	ldress	Line Two				City		State	Zip Code
50 Winding Trails [Orive							Farming	gton		СТ	06032
Business Phone	Extension	Fax	1	Mobil	le Phone	Emergend	y Phor	e Email A	ddress			
860-677-8458	18	860-674-9	9407			860-305	5-7612	scott@v	windingtrai	ls.org		
Contact Role(s): L	egal Contact											

Connecticut Department of Dublic Health Drinking Water Costion

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Dep	artment of	Public H	ealth	Dr	inki	ng W	ater	Se	ction		
	Water Qu	ality Monit	oring and	d Con	npl	ianc	e Sch	edul	e			
PWS ID	PWS Name				Clas	ssification	on Popu	ulation	Own	er Type	Primary	Source
CT0520054	FARMINGTON POLO GROU	JNDS				NC	:	35		Р	G۷	V
Local Address (\	vhere applicable)		Service	Residen	idential Comm		nmercial Indust		rial Combi		d Agrid	cultural
152 TOWN FAR	M ROAD		Connections	1		1						
Towns Served: I	ARMINGTON											
		Monito	oring Requ	ireme	nts							
Water System	Facility: DISTRIBUTION	SYSTEM (WSF I	D: 00600)									
Total Coliforn	ո (3100)							1	rou	tine (RT)	per qu	ıarter
Sampling I	Point (Sampling Point ID)			Monitori	ing P	eriod	Collect	tion Per	riod	Comp	liance S	tatus
Select fron	n Inventory of Active Sampli	ng Points		10/1/18 -	- 12/3	31/18				C	omplete	9
				1/1/19 -	- 3/3	1/19				C	omplete	9
			4/1/19 -	- 6/30	0/19							
				7/1/19 -	- 9/30	0/19						
Physical Para	meters (PPS)							1	rou	tine (RT)	per qu	ıarter
Sampling I	Point (Sampling Point ID)			Monitori	ing P	eriod	Collect	tion Per	riod			
Select fron	n Inventory of Active Sampli	ng Points	:	10/1/18 -	- 12/3	31/18				C	omplete	9
				1/1/19 -	- 3/3:	1/19				C	omplete	9
				4/1/19 -	- 6/30	0/19						
				7/1/19 -	- 9/30	0/19						
Water System	Facility: ENTRY POINT	(WSF ID: 00700)										
Nitrate And N	litrite (NOX)								1 r	outine (RT) pe	r year
Sampling I	Point (Sampling Point ID)			Monitori	ing P	eriod	Collect	tion Per	riod	Comp	liance S	tatus
ENTRY POI	NT (3)			1/1/18 -	12/3	31/18				C	omplete	9
				1/1/19 -	12/3	31/19				C	omplete	9
				1/1/20 -	12/3	31/20						
	Water	System Facili	ty and Sar	npling	Po	int In	vento	ry				
Water							Total	Lead	and			
•	er System Facility	Sampling Point		nt			Coliform					Stage
Facility ID		ID	Description			<u>Status</u>	Rule	Rule	Tier	Asbesto	s WQP	2 DBPR
	RIBUTION SYSTEM	4	DISTRIBUTION	I SYSTEM	1	Α	Υ					
00700 ENT	RY POINT	3	ENTRY POINT			Α						
20902 WEL	-	2	WELL			Α						
60680 ATM	OSPHERIC STORAGE (POLY)											
		Con	tact Inforr	nation	1							

			Co	ontact Inf	ormation				
Name				Organization]			Job Title	
Mr. Adam M. Barbash Fuss & O'neill, Inc. Vice Presient									
Mailing Address Lin	Mailing Address Line One Mailing Addr						City	State	Zip Code
			146 Hartford	Road		Manche	ster	СТ	06040
Business Phone	Extension	Fax	Мо	bile Phone	Emergency Phone	Email Ac	ldress		
860-646-2469	5534				203-250-5134	abarbash@fando.com			
Contact Role(s): A	dministrative	Contact							

Contact Role(s): Administrative Contact

(Connectic	ut Depa	rtment	of Public	: Health	n Dri	nking <mark>V</mark>	Water S	Section	
	Wa	ter Qual	lity Mon	itoring a	and Cor	nplia	ance Sc	hedule		
PWS ID	PWS Name					Classi	fication Po	opulation C	Owner Type P	rimary Source
CT0520054	FARMINGTON P	OLO GROUN	DS			ı	NC	35	Р	GW
Local Address (wh	nere applicable)			Service	Reside	ntial Co	ommercial	Industrial	Combined	Agricultura
152 TOWN FARM	ROAD			Connection	ons 1		1			
Towns Served: FA	RMINGTON									'
Name				Organization					Job Title	
Mr. David Falt										
Mailing Address L	ailing Address Line One Mailing A							City	State	Zip Code
			275 Schoolh	ouse Road			Cheshire		СТ	06410
Business Phone	Extension	Fax	М	obile Phone	Emergenc	y Phone	e Email Ad	dress		
203-250-5134		203-250-2	2870		203-250	-5109	dfalt@bo	zzutos.com	1	
Contact Role(s):	Legal Contact, (Owner								
Name				Organization					Job Title	
Mr. Kevin R. Daly	1			Bozzuto's, In	c.			Vice Presid	ent	
Mailing Address L	ine One		Mailing Add	ress Line Two				City	State	Zip Code
			275 Schoolh	ouse Road			Chesire		CT	06410
Business Phone	Extension	Fax	М	obile Phone	Emergenc	y Phone	e Email Ad	dress		
203-250-5109					203-250	-5134	kdaly@b	ozzutos.con	n	
Contact Role(s):	Legal Contact									

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Schedule Generation Date: 4/11/2019

	Connecticut D	epartment of	Public He	ealth	Drink	ing W	ater Se	ction	
		Quality Monit				_			
PWS ID	PWS Name	C	8 8					ner Type Pr	imary Source
CT0520064	FARMINGTON FIELD CI	.UB			NC		25	Р	GW
Local Addr	ess (where applicable)		Service	Resident	ial Comn	nercial I	ndustrial	Combined	Agricultural
21 HILLTOI	PROAD		Connections			1			
Towns Serv	ved: FARMINGTON				,		1		
		Monito	oring Requi	reme	nts				
Water Sys	stem Facility: DISTRIBUTI	ON SYSTEM (WSF II	D: 00600)						
Total Col	iform (3100)						1 rou	ıtine (RT) բ	er quarter
Samp	ling Point (Sampling Point ID)	Λ	/lonitorin	ng Period	Collec	tion Period	Compli	ance Status
Select	t from Inventory of Active San	npling Points		4/1/19 -					
			•	7/1/19 -	9/30/19				
	Parameters (PPS)								er quarter
-	ling Point (Sampling Point ID				ng Period	Collec	tion Period	Compli	ance Status
Select	t from Inventory of Active San	npling Points		4/1/19 -					
		(7/1/19 -	9/30/19				
•	stem Facility: ENTRY POIN	NT (WSF ID: 00700)							
	and Nitrite (NOX)		_					-	T) per year
	lling Point (Sampling Point ID)			ng Period	Collect	tion Period		ance Status
ENIR	Y POINT (3)				12/31/18			Co	mplete
					12/31/19 12/31/20				
		Other Co	ompliance :						
Compliano	e Schedule Activity		omphanec :		Due Date		Achieved	Date	
	START UP COMPLETION				/24/2019		71011101		
	NNECTION SURVEY REPORT				3/1/2020				
	Wat	er System Facili	ty and Sam	pling	Point I	nvento	ry		
Water						Total	Lead and		
-	Water System Facility	Sampling Point		t		Coliform			Stage
Facility ID		ID	Description		Status		Rule Tier	Asbestos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION		Α	Υ			
		DOWNSTREAM							
		UPSTREAM	WITHIN 5 SERV	ICE CON					
	ENTRY POINT	3	ENTRY POINT		Α				
	WELL	2	WELL		Α				
	ATMOSPHERIC STORAGE								
55623	PRESSURE STORAGE								
		Con	tact Inform	ation					
Name		Or	ganization					Job Title	

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Farmington Field Club

City

Farmington

Emergency Phone | Email Address

State

 CT

generalmanager@farmingtonfieldclub.org

Zip Code

06034

Mailing Address Line Two

Mobile Phone

21 Hilltop Road

Fax

Mr. Joshua R. Lamay

Business Phone

203-631-8246

P. O. Box 10

Mailing Address Line One

Extension

Contact Role(s): Administrative Contact, Legal Contact, Owner

	Connecticut Department of Public Health Drinking Water Section													
	Wate	r Qua	lity Moni	toring a	nd Con	nplia	nce S	chedul	e					
PWS ID P	WS Name					Classif	ication	Population	Owner Type	Primary Source				
CT0520064 F	ARMINGTON FIEL	D CLUB				N	IC	25	Р	GW				
Local Address (where applicable) Service Residential Commercial Industrial Combined Agricul										ed Agricultural				
21 HILLTOP ROAD				Connectio	ns		1							
Towns Served: FA	RMINGTON			•				,						
Name				Organization					Job Title	е				
Ms. Jennifer Albe	rt			Farmington Field Club				Pool Com	mittee Lead					
Mailing Address L	ine One		Mailing Addre	ess Line Two				City	State	Zip Code				
21 Hilltop Rd							Farming	gton	СТ	06032				
Business Phone	Extension	Fax	Mo	bile Phone	Emergenc	y Phone	Email A	ddress	,					
860-677-1209							fjalbert	_family@sb	cglobal.net					
Contact Role(s):	Legal Contact		-											

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0520084	RIVERFRONT MINIATURE GOLF, INC.				NC	25	Р	GW
Local Address (v	vhere applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
218 RIVER ROAI)	Connections			2			

Towns Served: FARMINGTON

Monitoring Red	quirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)			
Total Coliform (3100)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	4/1/19 - 4/30/19		
	5/1/19 - 5/31/19		
	6/1/19 - 6/30/19		
	7/1/19 - 7/31/19		
	8/1/19 - 8/31/19		
	9/1/19 - 9/30/19		
Physical Parameters (PPS)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
DISTRIBUTION SYSTEM (4)	4/1/19 - 4/30/19		
	5/1/19 - 5/31/19		
	6/1/19 - 6/30/19		
	7/1/19 - 7/31/19		
	8/1/19 - 8/31/19		
	9/1/19 - 9/30/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete

Other Compliance Schedules

1/1/19 - 12/31/19 1/1/20 - 12/31/20

 Compliance Schedule Activity
 Due Date
 Achieved Date

 RESPOND TO SANITARY SURVEY
 8/31/2007

Public	c Notification R	equirer	nents				
	Compliance Notice <u>Public Notification</u> <u>PN Certification</u>						
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received	
REVISED TOTAL COLIFORM RULE (RTCR) TT Violation	4/2/17 - 5/1/18	2	7/30/2017		8/9/2017		
REVISED TOTAL COLIFORM RULE (RTCR) TT Violation	4/23/18 - 5/1/18	2	6/29/2018		7/9/2018		
REVISED TOTAL COLIFORM RULE (RTCR)	4/23/18 - 5/8/18	3	6/1/2019		6/11/2019		
Total Coliform M&R Violation	9/1/18 - 9/30/18	3	11/13/2019		11/23/2019		
Total Coliform M&R Violation	8/1/18 - 8/31/18	3	11/13/2019		11/23/2019		
Physical Parameters M&R Violation	9/1/18 - 9/30/18	3	11/20/2019		11/30/2019		
Physical Parameters M&R Violation	8/1/18 - 8/31/18	3	11/20/2019		11/30/2019		

Water System Facility and Sampling Point Inventory

Water			Total	Lead and	
System Water System Facility	Sampling Point	Sampling Point	Coliform	Copper	Stage
Facility ID	ID	Description	Status Rule	Rule Tier 🛭	Asbestos WQP 2 DBPR

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Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Class	sification	Population	Owner Type	Primary Source
CT0520084	RIVERFRONT MINIATURE GOLF, INC.				NC	25	Р	GW
Local Address (where applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
218 RIVER ROA	D	Connections			2			

Towns Served: FARMINGTON

	Water System Facility and Sampling Point Inventory										
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR		
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ						
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α							
		UPSTREAM	WITHIN 5 SERVICE CON	Α							
00700	ENTRY POINT	3	ENTRY POINT	Α							
20905	WELL	2	WELL	Α							
59338	BLADDER TANK								-		

			C	ontact Inf	ormation				
Name				Organization	1	Job Title			
Mr. Paul G. Kramer				Riverfront M	liniature Golf, Inc	President			
Mailing Address Line One Mailing Addr				ess Line Two			City	State	Zip Code
218 River Rd						Unionvil	le	СТ	06085
Business Phone	Extension	Fax	М	obile Phone	Emergency Phone	Email Ac	ldress		
860-921-1922					860-673-0488	vkfan196	63@aol.com		

Contact Role(s): Administrative Contact, Legal Contact, Owner

Please note the following:

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Schedule Generation Date: 4/11/2019

	Connecticut De	epartment of	Public H	ealth	Dr	inki	ng W	ater Se	ection		
		uality Monit									
PWS ID	PWS Name	,0101110	01118						ner Type P	rimary Source	
CT052904	44 WINDING TRAILS RECRI	ATION ASSN - LOWE	:R			NC		207	L	GW	
Local Add	lress (where applicable)		Service	Resident	tial	Comm	ercial I	ndustrial	Combined	Agricultural	
50 WINDI	ING TRAILS DRIVE		Connections			5					
Towns Se	rved: FARMINGTON						·				
		Monite	oring Requ	ireme	nts						
Water Sy	stem Facility: DISTRIBUTIO	ON SYSTEM (WSF I	D: 00600)								
Total Co	oliform (3100)							1 rou	utine (RT)	per quarter	
Sam	pling Point (Sampling Point ID)		ı	Monitorii	ng P	eriod	Collec	tion Period	Compl	iance Status	
Sele	ct from Inventory of Active Sam		4/1/19 -	6/3	0/19						
				7/1/19 -	9/3	0/19					
-	Parameters (PPS)							1 rou		per quarter	
	pling Point (Sampling Point ID)			Monitorii			Collec	tion Period	Compl	iance Status	
Sele	ct from Inventory of Active Sam	pling Points		4/1/19 -							
	- 11.	_		7/1/19 -	9/30	0/19					
•	ystem Facility: ENTRY POIN	T (WSF ID: 00700)									
	And Nitrite (NOX)						o "		=	RT) per year	
	pling Point (Sampling Point ID)			Monitorii			Collec	tion Period	•	iance Status	
ENTI	RY POINT (3)			1/1/18 - : 1/1/19 - :					C	omplete	
				1/1/19 - : 1/1/20 - :	_	-					
		Other C	ompliance			-					
Complian	nce Schedule Activity	Other C	omphance					Achieved	Date		
	L START UP COMPLETION		Due Date Acht 4/15/2019					Acmeveu	neveu Dute		
SLASOIVA		er System Facili	ity and San				wonto	××1			
144	vvate	er System Facili	ity allu Sal	iipiiiig	PU	111t III	_		•		
Water System	Water System Facility	Sampling Point	Samplina Poi	nt			Total Coliform	Lead and Copper		Stage	
Facility IL		ID	Description			Status	Rule		Asbestos	WQP 2 DBPR	
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	l		A				·	
		DOWNSTREAM	WITHIN 5 SER	VICE CON	١	Α					
		GR-1	KITCHEN FAU	CET		Α	Υ				
		MC-1	MECHANICAL	RM SPIG	ОТ	Α	Υ				
		UPSTREAM	WITHIN 5 SER	VICE CON	1	Α					
00700	ENTRY POINT	3	ENTRY POINT			Α					
50144	WELL	2	WELL			Α					
		Con	tact Inforr	nation							
Name		0	rganization						Job Title		
Ms. Heidi	i Martin	W	inding Trails In	C.			Ex	ecutive Dire	ector		
Mailing A	ddress Line One	Mailing Addres	s Line Two				(City	State	Zip Code	

Name				Organization					
Ms. Heidi Martin				Winding Trails Inc.			Executive Director		
Mailing Address Line One Mailing Add					City	State	Zip Code		
50 Winding Trails Drive				Farming	ton	СТ	06032		
on F	ах	Mobile Phone	Emergency Phone	Email Address					
860-67	860-676-9407		860-675-4313	HEIDI@WINDINGTRA		ILS.COM			
(on Fax	Mailing Address Line Two on Fax Mobile Phone	Mailing Address Line Two on Fax Mobile Phone Emergency Phone	Mailing Address Line Two Farmington Fax Mobile Phone Emergency Phone Email Address Line Two	Winding Trails Inc. Mailing Address Line Two City Farmington on Fax Mobile Phone Emergency Phone Email Address	Winding Trails Inc. Executive Director Mailing Address Line Two City State Farmington CT on Fax Mobile Phone Emergency Phone Email Address		

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	Connectic	ut Depa	rtment	ot	Public	Health	Drii	nking	Water	Sec	ction	
	Wat	ter Qual	lity Mo	nito	oring a	nd Con	nplia	nce S	chedul	e		
PWS ID P	WS Name						Classif	ication F	opulation	Owne	er Type F	Primary Source
CT0529044 V	VINDING TRAIL	S RECREATIO	N ASSN - L	OWE	R		N	IC	207		L	GW
Local Address (wh	ere applicable)				Service	Residen	Residential Com		Industri	al C	Combined	d Agricultura
50 WINDING TRAI	LS DRIVE				Connection	ns		5				
Towns Served: FA	RMINGTON					,	,			,		
Name	Name					nnization Job Title						
Mr. Bryan Martin					nding Trails	rails Inc. Parks Superintendent						
Mailing Address Line One Mailing Add					ess Line Two				City		State	Zip Code
50 Winding Trails	Drive							Farmington CT 0603			06032	
Business Phone	Extension	Fax	N	Nobile	e Phone	Emergency	Phone	ne Email Address				
860-676-0403		860-676-9	9407			860-674-9261 BRYAN@			RYAN@WINDINGTRAILS.COM			
Contact Role(s):	Administrative	Contact	·									
Name				Org	Organization			Job Title				
Mr. Scott Brown				Wi	nding Trails	, Inc			Executive	Direc	tor	
Mailing Address Li	ne One		Mailing Ad	dress	Line Two			City			State	Zip Code
50 Winding Trails	0 Winding Trails Drive							Farming	ton		CT	06032
Business Phone	Extension	Fax	N	Nobile	e Phone	Emergency	Phone	Email Ad	Email Address			
860-677-8458	18	860-674-9	9407			860-305-	7612	scott@v	scott@windingtrails.org			
Contact Role(s):	Legal Contact											

and a CD dalta Haralda District Manage Const.

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	donnectical Department of Fubile fication Diffixing Water Section									
	Water Quality	Monitoring and	d Con	npl	liance S	Schedul	.e			
PWS ID PWS Name				Cla	ssification	Population	Owner Type	Primary Source		
CT0529054	CAROL'S LUNCHBOX				NC	25	Р	GW		
Local Address	Service	Residen	tial Commerci		al Industri	al Combin	ed Agricultural			
1365 FARMIN	Connections					1				

Connecticut Department of Public Health Drinking Water Section

Towns Served: FARMINGTON			
Mo	onitoring Requirements		
Water System Facility: DISTRIBUTION SYSTEM (V	WSF ID: 00600)		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Water System Facility: ENTRY POINT (WSF ID: 00	0700)		
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		
Water System F	acility and Sampling Point In	nventory	
Water		Total Lead and	
System Water System Facility Sampling	Point Sampling Point	Coliform Conner	Stage

	vva	iter system Facili	ity and Sampling P	oint ir	iventoi	Y			
Water					Total	Lead and			
System	Water System Facility	Sampling Point	Sampling Point		Coliform	Copper		9	Stage
Facility IE		ID	Description	Status	Rule	Rule Tier	Asbestos	WQP 2	DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
00700	ENTRY POINT	3	ENTRY POINT	Α					
60238	WELL 1	2	WELL 1	Α					

				Contact Inf	ormation				
Name				Organization	ı		Job Title		
Mr. Jeff Scott									
Mailing Address Line One Mailing Addr				ddress Line Two	ess Line Two			State	Zip Code
165 Thompson Road					Avon		СТ	06001	
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Address			
860-250-0723						scottsweeping@gmail.com			
C	-l::				·				

Contact Role(s): Administrative Contact, Legal Contact, Owner

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
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- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.